Adult Dog History Form

Client ____________________________ Patient ____________________________ Date ________

Breed ____________________________ Sex ______ Age ____________________________

Current Problem _____________________________________________________________

When did the problem start? _______________________________________________

Has it gotten better worse or stayed the same since it started? _________________

Has anything been tried to improve the problem? Has it helped? ___________________

Please list all medications and supplements your dog is currently taking including heartworm and flea preventative. ____________________________

Please list all foods your dog is given including people food and treats. __________

Where does your dog spend its time? Indoors In and out Outdoors

Does your dog go to: groomer Pet Store Doggie day care/Kennel Dog training classes
Dog park Dog Show (Please circle all that apply)

Has your dog ever lived or travelled outside of Wayne county? If yes, where? ______

Has your dog ever had fleas? ____________________________

Has your dog every had ticks? ____________________________

Does your dog have any other current or previous health issues we should know about?

___________________________________________________________________________

___________________________________________________________________________

What other pets do you have? Are they having any problems? ____________________________